PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 065 f-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| Application Number | 09/881,636 |
|------------------------|--------------------|
| Filing Date | June 13, 2001 |
| First Named Inventor | Mary FARIS, et al. |
| Group Art Unit | 1642 |
| Examiner Name | M. Yu, Ph.D. |
| Attorney Docket Number | 511582001200 |

| | | ENCLOSURES (check all | that apply) |
|-------------------------------|--|--|---|
| X Fee Transn | nittal Form | Assignment-Papers (for an Application) | After Allowance Communication to Group |
| Fee: | Attached = | Drawing(s) | Appeal Communication to Board of Appeals and Interferences |
| X Amendmen | t/Reply | Licensing-related Papers | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| χ After | Final | Petition | Proprietary Information |
| Affida | vits/declaration(s) | Petition to Convert to a Provisional Application | Status Letter |
| X Extension of | of Time Request | Power of Attorney, Revocation Change of Correspondence Address | X Other Enclosure(s) (please identify below) |
| Express Ab | andonment Request | Terminal Disclaimer | Return Postcard |
| Information | Disclosure Statement | Request for Refund | |
| Certified Co | opy of Priority S) | CD, Number of CD(s) | RECEIVE |
| Response t Incomplete | o Missing Parts/ Application | Remarks | OCT 2 2 2003 |
| | onse to Missing Parts 37 CFR 1.52 or 1.53 | Customer Number 25225 | TECH CENTER 1600 2 |
| | | | |
| | SIGNA | TURE OF APPLICANT, ATTORNEY, OR A | GENT |
| Firm or Individual Name | MORRISON & FOE Kate H. Murashige | | |
| Signature | Katch. n | Lundy | |
| Date | October 14, 2003 | 3 | |

| I hereby certify that this corres | pondence is being deposited | d with the U. | S. Postal Servi | ce with sufficient postage a | s First Class Mail, in an |
|-----------------------------------|-----------------------------|---------------|-----------------|------------------------------|---------------------------|
| envelope addressed to: Mail S | Stop AF, Commissioner for F | Patents, P.O. | Box 1450, Ale | exandria, VA 22313, on the | date shown below. |
| | 6. · | (A) | Un 20,00 | M_{α} | |
| Dated: October 14, 2003 | Signature: | V V(| runo (Tion | (Yami Procopio) | |
| | | | | | |

MADEMARY

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

| Col | mplete if Known | |
|----------------------|-----------------|--------|
| Application Number | 09/881,636 | |
| Filing Date | June 13, 2001 | 7 |
| First Named Inventor | Mary FARIS | NECE |
| Examiner Name | M. Yu, Ph.D. | |
| Art Unit | 1642 | OCT 22 |
| Attorney Docket No. | 511582001200 | |

ne M. Yu, FILE.

1642 OCT 2 2

(et No. 511582001200

FEE CALCULATION (continued) ECH CENTER 1600/2900 TOTAL AMOUNT OF PAYMENT 55.00 METHOD OF PAYMENT (check all that apply) Credit Money 3. ADDITIONAL FEES None Check x Deposit Account: Large Entity Small Entity Deposit 03-1952 Fee Fee Account Fee Description Code (\$) Code (\$) Fee Paid Deposit 1051 130 2051 65 Surcharge - late filing fee or oath Morrison & Foerster LLP Account Name Surcharge - late provisional filing fee or cover 1052 2052 50 25 The Director Is authorized to: (check all that apply) X Credit any overpayments Charge fee(s) indicated below 1053 130 1053 Non-English specification Charge any additional fee(s) during the pendency of this χ-1812 2,520 1812 2,520 For filing a request for ex parte reexamination Requesting publication of SIR prior to 1804 9201 1804 Charge fee(s) indicated below, except for the filing fee Examiner action Requesting publication of SIR after to the above-identified deposit account. 1805 1805 1.840 Examiner action **FEE CALCULATION** 110 2251 1251 Extension for reply within first month 55.00 1. BASIC FILING FEE 1252 420 2252 Extension for reply within second month Large Entity Small Entity 1253 950 2253 Extension for reply within third month Fee Fee Fee Fee Paid Fee Description 1254 1,480 2254 Extension for reply within fourth month Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month 1002 340 2002 170 1401 330 2401 Design filing fee Notice of Appeal 1003 530 2003 265 1402 330 2402 Plant filing fee Filing a brief in support of an appeal 1004 770 2004 385 Reissue filing fee 1403 290 2403 Request for oral hearing 1005 160 2005 80 Provisional filing fee 1451 1,510 1451 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable SUBTOTAL (1) 0.00 1453 1,330 2453 665 Petition to revive - unintentional 1501 1.330 2501 665 Utility issue fee (or reissue) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1502 480 2502 240 Design issue fee Fee Paid Claims below 1503 640 2503 320 Plant issue fee Independent 1460 130 1460 Petitions to the Commissioner 130 Claims 1807 50 1807 Processing fee under 37 CFR 1.17(q) Multiple Dependent 50 Large Entity | Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt Fee Fee Recording each patent assignment per Fee Description 8021 40 8021 40 Code (\$) Code (\$) property (times number of properties) Filing a submission after final rejection 1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 (37 ČFR 1.129(a)) 86 2201 1201 43 Independent claims in excess of 3 For each additional invention to be 1810 770 2810 385 1203 290 2203 Multiple dependent claim, if not paid examined (37CFR 1.129(b)) 1204 86 2204 ** Reissue independent claims 1801 770 2801 385 Request for Continued Examination (RCE) over original patent Request for expedited examination 1802 900 1802 900 ** Reissue claims in excess of 20 of a design application 1205 18 2205 and over original patent Other fee (specify) 55.00 SUBTOTAL (2) (\$) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) **or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | | | (Complete | (if applicable)) |
|-------------------|-------------------|--------------------------------------|--------|-----------|------------------|
| Name (Print/Type) | Kate H. Murashige | Registration No. (Attorney/Agent) | 29,959 | Telephone | (858) 720-5112 |
| Signature | Face & Munal | ~~ | | Date | October 14, 2003 |
| | | | | | |

| I hereby certify that this correspondence | is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in |
|---|---|
| an envelope addressed to: Mail Stop AF, | Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown |
| below. | Signature: Jum M (ADCOD 9Tami Procopio) |
| Dated: 10 14 03 | Signature: (Tami Procopio) |
| 1,10 | |

(Tami Procopio)

| | | ر ا | = 52 | | Λ D. # | @ D D D | | | | | | Com | plete if K | nown | | 1 |
|-------------|----------------------|----------------|------------|-----------|-----------------------------|--|------------------|-----------------|-----------------|-------------------|-------------|---------------------|--|-----------------------------------|-----------------|-------------|
| · 1 | | | 3 - | K | | SMI | TTAL | . | Apol | ication | Numb | | 09/881,6 | | | 1 |
| 7 20 | - 01 | | _ | | | | | | | Date | | | June 13 | | | 1 |
| | 1.1 | | | | | 200 | _ | | | Name | d Inve | ntor | Mary FA | | | 1 |
| | A F | fective | 10/01/20 | 03, P | Patent fees a | re subject to a | annual revision. | , | <u> </u> | niner N | | | M. Yu, F | | | 1 |
| <u>FM</u> M | ×X. | Applica | ant clain | ns sr | nall entity | status. See | 37 CFR 1.27 | | Art U | nit | | | 1642 | | | |
| | TOTAL | | | | AYMENT | _ | 55.00 | | | ney Do | cket N | lo l | 5115820 | 01200 | | |
| j | | | | | | | - | | | -, | | | LATION (c | | | ļ |
| 1 | | ŹΓ | Cred | | Mone | heck all tha | | +- | | | | | LATION (C | | | ł |
| | X De | / └ | Card | | Orde | | ner None | 3. A | DDITI | ONAL | FEES | 3 | | Dupli For Fee | cate C Proce | ppy ssin |
| | Deposit | [- | | | | | | | Entity | | Entity | _ | | | | |
| | Account Number | <u> </u> | | (| 03-1952 | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | | Fee Des | cription | Fee Paid | |
| | Deposit Account | | Morri | son | & Foers | ster LLP | | 1051 | 130 | 2051 | 65 | Surcharge | - late filing f | ee or oath | | |
| | Name The Direct | or is a | uthoriz | ed to | : (check all | that applied | | 1052 | 50 | 2052 | 25 | Surcharge sheet. | tate provis | ional filing fee or co | ver | 1 |
| | | | s) indicat | | Г | | overpayments | 1053 | 130 | 1053 | 130 | | nh ann ciff - c ** | | —— | 1 |
| | | | • | | L | e pendency of | | | | į . | 130 | _ | sh specification | | | |
| ŀ | X appli | | addisone | . 100(| (s) caring an | a pendency of | uus | 1812 | 2,520 | 1812 | 2,520 | | | parte reexamination | | ļ |
| | Char | ge fee(: | s) indicat | ed be | olow, except | t for the filing | fee | 1804 | 920* | 1804 | 920* | Examiner a | | of SIR prior to | | |
| . [| to the abo | ve-ider | ntified de | posi | t account. | | | 1805 | 1,840 | _1805 | 1,840 | Requesting | g publication | of SIR after | | a |
| Ì | | | FEI | E C/ | ALCULA' | TION | | 1251 | 110 | 2251 | 55 | | for reply with | in first month | ASC | |
| | 1. BASI | FIL | NG FE | Ε | | | | 1252 | 420 | 2252 | 210 | Extension | for reply with | in second month | | L W |
| | Large Enti | | nall Ent | - | 5 D. | | | 1253 | 950 | 2253 | 475 | Extension | for reply with | n third month | OCT | |
| ŀ | Fee Fe | | | ee \$) | Fee De | scription | Fee Paid | 1254 | 1,480 | 2254 | 740 | Extension | for reply with | in fourth month | | 2 20 |
| l | 1001 77 | | | 85 | Utility filing | fee | | 1255 | 2,010 | 2255 | 1,005 | Extension | for reply with | n fifth month | | |
| - 1 | 1002 34 | 1 | | | Design filin | _ | | 1401 | 330 | 2401 | 165 | Notice of A | • | !E(| CH CENT | R 160 |
| | 1003 53 | | | | Plant filing | | <u> </u> | 1402 | 330 | 2402 | 165 | - | ef in support | of an appeal | | אסטו ויץ |
| | 1004 77 1005 16 | _ | | | Reissue fili Provisional | • | \vdash | 1403 | 290 | 2403 | 145 | - | r oral hearing | • | | |
| - | ,555 16 | - 20 | | | | | \square | 1451 1452 | 1,510 110 | 1451 2452 | 1,510 | | institute a pui revive – unav | olic use proceeding roidable | | |
| J | | | SU | втс | OTAL (1) | (\$) | 0.00 | 1453 | 1,330 | 2453 | 665 | | revive - unint | | | |
| į | 2. EXTR | A CL | AIM FE | ES | FOR UT | ILITY AND | REISSUE | 1501 | 1,330 | 2501 | 665 | | fee (or reiss | | | |
| - } | | | | _ | Extra Claims | Fee from below | Fee Paid | 1502 | 480 | 2502 | 240 | Design issu | ue fee | | | |
| | Total Claim | s [|] - | = | x[| | - | 1503 | 640 | 2503 | 320 | Plant issue | fee | | | |
| | Independer Claims | ۱ ا | T - | = | × | | - | 1460 | 130 | 1460 | 130 | Petitions to | the Commis | sioner | | |
| | Multiple De | ender | ıt . | | | | | 1807 | 50 | 1807 | 50 | Processing | fee under 37 | 7 CFR 1.17(q) | | |
| | Large Entir | y Sm | ali Entit | tv | | | | 1806 | 180 | 1806 | 180 | Submission | of Information | on Disclosure Stmt | | |
| Ī | Fee Fe | Fe | e Fee | • | Fe | e Description | on | 8021 | 40 | 8021 | 40 | | | ssignment per | | |
| | Code (\$) | | | | aims in exc | | _ | V | | | 385 | Filing a sub | mission after | of properties) final rejection | | |
| - 1 | 1201 86 | - 1 | | | | claims in exc | ess of 3 | 1809 | 770 | 2809 | 363 | (37 CFR 1. | 129(a)) | • | | |
| | 1203 29 | 220 | 3 145 | 5 Me | ultiple depe | endent claim, | if not paid | 1810 | 770 | 2810 | 385 | | dditional inve 37CFR 1.129 | | | |
| | 1204 86 | 220 | 43 | | | dependent cl | aims | 1801 | 770 | 2801 | 385 | Request for | r Continued E | xamination (RCE) | | |
| | 1205 18 | 220 |)5 9 | ** | | al patent aims in exces riginal patent | | 1802 Other f | 900 ee (spec | 1802 | 900 | | r expedited e application | xamination | | |
| | | ı | eı | | OTAL (2) | | - 0 | l | | ary, Basic Fil | nn Fen | Paid | SUBTO | TAL (3) (\$) | | |
| | **or numb | er previ | | | | or Reissues, | | Nec.u | Jesu Dy E | Jasic Fil | iig ree | raiu | 30010 | ivr (3) [(9) | 55.00 | |
| F | SUBMITTE | | | | | | | | | | | | (Complete | (if applicable)) | | |
| - | Name (Prin | | Kate | Н | Murashi | ge | | Registr | | | 959 | | ' | (858) 720-511 | 2 | |
| _ h | | | 1/ | | r 1 | | | (Attorne | y/Agent) | 1, | | | | | | |
| Ľ | Signature | | 10 | æ | z 44 | Mu | uare | <u>حټ</u> | | | | | Date | October 14, 2 | 003 | |
| | | | | | | | | \circ | | | | | | | | |

below.

Dated: